PTO/SB/22 (04-07)

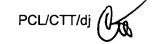
Approved for use through 09/30/2007. OMB 0651-0031

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PETIT	ION FOR EXTENSION OF TIME UNDER 37 CFR 1.1	36(a) Docket Number (Opt	Docket Number (Optional)							
(Fees	FY 2006 pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4i		2927-0155P							
Applica	ation Number 10/681,156-Conf. #6433	Filed Oct	Filed October 9, 2003							
For METHOD AND APPARATUS OF MEASURING ROTATIONAL AND FLIGHT CHARACTERISTICS OF SPHERE										
Art Uni	t 2624	Examiner	J. A. P	atel						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.										
ine rec	quested extension and fee are as follows (check time per		opnate	iee below):						
	Fee X One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee	¢	120.00						
		\$60	\$ _	120.00						
	Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$_							
	Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$ _							
	Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$_							
	Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$_							
	Applicant claims small entity status. See 37 CFR 1.27.									
믐	A check in the amount of the fee is enclosed.			!						
\vdash										
=	Payment by credit card. Form PTO-2038 is attached.									
×	The Director has already been authorized to charge fees	in this application to a Deposit	Accou	nt.						
	The Director is hereby authorized to charge any fees whi	•	-							
	Deposit Account Number 02-2448 . I ha	ve enclosed a duplicate copy of	of this s	neet.						
	_									
l an	n the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
	x attorney or agent of record. Registration	Number 43,368								
	attorney or agent under 37 CFR 1.34.									
	Registration number if acting under 37 CFR	1.34	_							
		October	 1 2007	,						
_	Signature	Da								
	Paul C. Lewis	(703) 20	5-8000							
	Typed or printed name	Telephone	Numb	er						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
	Total of 1 forms are submitted.									

10/02/2007 SZEWDIE1 00000175 022448 10681156 01 FC:1251 120.00 DA



PTO/SB/17 (07-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.				Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	ber	10/681,156-Conf. #6433					
FEE TRANSMITTAL				Filing Date Octob		October 9, 200	ctober 9, 2003				
				First Named Inve	entor	Mitsunori MIKI					
For FY 2007			<u> </u>	Examiner Name J. A. Patel							
Applicant claims small entity status. See 37 CFR 1.27			[Art Unit 2624							
TOTAL AMOUNT OF PAYMENT		(\$) 120.00		Attorney Docket No. 2927-0155P							
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) inc	licated '	below		Charge	fee(s) i	ndicated below, ex	ccept for t	he fillng fee			
Charge any additional fee(s) or underpayments of x Credit any overpayments											
FEE CALCULATION						·-					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FIL	ING FEES	SEA	RCH FEES	EXAM	INATION FEES	. •				
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Foos	Paid (\$)			
Utility	300		500	250	200	100	1 003	Ι αια (ψ)			
Design	200		100	50	130	65	•				
Plant	200		300	150	160	80					
Reissue	300		500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEES			Ů	v	v	Ů		Small Entity			
Fee Description Fee (\$) Fee (\$)											
Each claim over 20 (including				50	25						
Each independent claim over 3				200	100						
Multiple dependent claims							360	180			
Total Claims Extra Cla	ims	Fee (\$) F	ee Pa	aid (\$)	1	Multiple Depende	nt Claims	į			
7 -= 20	x	=			<u>F</u>	Fee (\$) <u>F</u>	Fee Paid (<u>\$)</u>			
HP = highest number of total claims		_	_								
Indep. Claims Extra Cla	<u>ims</u> x	<u>Fee (\$)</u> _ F	ee Pa	aid (\$)							
3 -= 3 HP = highest number of independen		aid for if greater than 3									
3. APPLICATION SIZE FEE	. чань р	cio tos, il grocitor triair o									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra	Sheets	Number of ea	ch ad	ditional 50 or fract	tion there	eof Fee (\$)	Fee	Pald (\$)			
- 100 =		/50 =	(round up to a whol	e number	r)· x =	=				
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00											
SUBMITTED BY		\overline{a}				· .					
Signature	\mathcal{C}	- /00		Registration No. Attorney/Agent)	43,368	3 Telephone	(703) 20	5-8000			
Name (Print/Type) Paul C. Lew	is			, y ,		Date '\	October	1, 2007			